



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF NORTHERN INDIANA, LLC

City of Hospital: Mishawaka

Year Begin: 05/28/2020 (mm/dd/yyyy format)

Year End: 04/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Kerry Davis

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Medicare Provider Number: 153047

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10471616
Outpatient Patient Service Revenue	\$0
<b>Total Gross Patient Service Revenue</b>	<b>\$10471616</b>

2. Deductions From Revenue

Contractual Allowance	\$2437552
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$2437552</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$8034064
Other Operating Revenue	\$15802
<b>Total Operating Revenue</b>	<b>\$8049866</b>

4. Operating Expenses

Salaries and Wages	\$4313023	Employee Benefits	\$604206
Depreciation and Amortization	\$398379	Interest Expense	\$89244
Bad Debt	\$-36393	Other Expenses	\$5264617
<b>Total Operating Expenses</b>	<b>\$10633076</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2583210	Total Assets	\$13675832
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$16259042

Total Net Gains	\$-2583210
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$7843082	\$1421123	\$6421959
Medicaid	\$823610	\$280267	\$543343
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1804924	\$736162	\$1068762
Total	\$10471616	\$2437552	\$8034064

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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